

NATIONAL PARK SERVICE
Golden Gate National Recreation Area Office of Special Park Uses
Fort Mason, Building 201
San Francisco, CA 94123

Application for Photography/Filming Permit - Long Form

Date _____

GENERAL INFORMATION

Company Name _____
Address _____
City/State/Zip _____
Phone # _____
FAX # _____
Producer _____
Insurance Co. _____
Federal Tax No. or Social Security No. _____

Applicant/Agent _____
Address _____
City/State/Zip _____
Phone # _____
Beeper # _____
Photographer/Director _____
Name of Project/Client: _____

Type of Project:

- ☐ Stills, editorial ☐ Stills, advertising ☐ stills, other ☐ stock video/photo
☐ Feature Film /TV Movie ☐ TV Series/Pilot ☐ Documentary/Travelogue ☐ Commercial
☐ Music Video ☐ Public Service Announcement ☐ Infomercial ☐ Industrial
☐ Other, explain _____ Sound ☐ Yes ☐ No

Summary of scene(s)

SITE INFORMATION:

Total number of days on site: _____ Shoot _____ Prep _____ Strike _____ Hold _____
Night work : ☐ No ☐ Yes, explain _____

SHOOTING SCHEDULE BY LOCATION:

DATE	LOCATION	TIMES	FILM	PREP	STRIKE
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Exteriors

☐ Interior: Building name _____ ☐ Other, explain _____

Set dressing or other structures proposed: ☐ No ☐ Yes, explain _____

To request set construction, off-road activity, trail use, or interior use of building, attach detailed information including proposed Site Plan.

Electrical needs, explain _____ Generator: ☐ No ☐ Yes, size _____ Lighting: ☐ None
☐ Reflectors only ☐ Yes (explain) _____

Road: _____ Date/time: _____ ☐ Closure requested

☐ Running shots ☐ Driving shots ☐ Drive-bys ☐ Tow shots ☐ Drive-ups & Away ☐ Wet down road

☐ Camera/Equipment on Road Shoulder ☐ Camera/Equipment on median ☐ Other (explain) _____

OPERATIONAL INFORMATION:

Personnel and Vehicles:

Total Cast & Crew _____ Personal Cars _____ Large Trucks _____ Other Trucks _____ Vans _____

Camera Car _____ Picture Cars _____ Motor homes _____ Dressing Rooms _____

Other Vehicles (explain) _____

Base Camp location _____

Catering Co. Name _____ Phone # _____

SPECIAL ACTIVITIES:

Children: ☐ None ☐ Yes # of Children _____ Age Range _____

Animals: ☐ None ☐ Yes (explain) _____

Trainer Name: _____ Phone # _____

Aircraft: ☐ No ☐ Yes (explain) _____

Special Effects: (identify) _____

Effects Technician Name: _____ Phone # _____

License # (if applicable) _____ Permit # (if applicable) _____

Stunts: (explain) _____

Coordinator _____ Phone # _____

Any other unusual or hazardous activities, explain _____

Attach pages to provide additional information for permit consideration.

Person on location responsible for company's adherence to all terms & conditions of Film Permit:

Name: _____ Title: _____ Phone: _____

Person on location responsible for coordinating activities with the NPS:

Name: _____ Title: _____ Phone: _____

Person at the company office to contact for follow up information and billing:

Name: _____ Title: _____ Phone: _____

I hereby state that the above information given is complete and correct, and that no false or misleading information or false statements have been given. All estimates are reliable to the best of my knowledge and I have the full authority to represent the applicant/production company and the project described above.

Signature _____ **Title** _____ **Date** _____

Company Name _____

Information provided will be used to determine whether a permit will be issued. Completed application must be accompanied by a non-refundable administrative cost recovery charge. Application and administrative charges are non-refundable. *This completed application should be faxed or mailed to the following address:*

*Office of Special Park Uses
Golden Gate National Recreation Area
Fort Mason, Bldg. 201
San Francisco, CA 94123
Attn: Melinda Moses*

Phone (415) 561-4302

FAX (415) 561-4305

Paperwork Reduction Act Statement: This information is being collected to allow the park manager to make a valued judgement on whether or not to allow the requested use. All the applicable parts of the form must be completed.

Estimated Burden Statement: Public reporting burden for this form is estimated to average 60 minutes per response including the time it takes to read, review instructions and complete the form. Direct comments regarding this burden estimate or any aspects of this form to the National Park Service Program Manager, Special Park Uses, Ranger Activities Division, 1849 C Street, NW., Washington, D.C. 20240 and to the Information Collection Clearance Officer, Washington Administrative Program Center, 1849 C Street NW., Washington, D.C. 20240. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number.

CERTIFICATE OF INSURANCE—National Park Service must be additionally insured using the following address:

*United States/National Park Service
Bldg. 204 Fort Mason
San Francisco, CA 94123
Attn: Melinda Moses*

NOTE: All insurance certificates must be with American carriers. Foreign insurance will not be accepted.